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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/658,953
Filing Date	September 10, 2003
First Named Inventor	Huwig
Group Art Unit	1618
Examiner Name	Blessing M. Fubara
Total Number of Pages in This Submission: 9	Attorney Docket Number: 20959/2140 (P 63469)

ENCLOSURES *(check all that apply)*

- ☐ Fee Transmittal Form
  - ☐ Fee Attached
- ☒ Amendment / Reply ($_____)
  - ☐ After Final
  - ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request ($_____)
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement ($____)
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Notice to File Missing Parts/ Incomplete Application ($_____)
  - ☐ A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Assignment Papers *(for an Application)*
- ☐ Drawing(s)
- ☐ Declaration and Power of Attorney
- ☐ Licensing-related Papers
- ☐ Petition ($_____)
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer ($_____)
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____

- ☐ After Allowance Communication to Group
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to Group ($____) (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☐ Application Data Sheet
- ☐ Request for Corrected Filing Receipt with Enclosures
- ☒ A self-addressed, prepaid postcard for acknowledging receipt
- ☐ Check in the amount of $_____
- ☐ Other Enclosure(s) *(please identify below)*:

Remarks

☒ The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm *or* Individual name	Joseph M. Noto Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1601 Fax: (585) 263-1600
Signature	Joseph M. Noto — Registration No. 32,163
Date	November 16, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

☒ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.

November 16, 2006
Date

Ruth R. Smith
Signature
Ruth R. Smith
Typed or printed name

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PATENT & TRADEMARK OFFICE

PATENT
Docket No.: **20959/2140 (P 63469)**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	:	Huwig et al.	Examiner: Blessing M. Fubara
Serial No.	:	10/658,953	Art Unit: 1618
Cnfrm. No.	:	3518	
Filed	:	September 10, 2003	
For	:	ACID-CONTAINING DESENSITIZATION AGENTS FOR TEETH	

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the office action mailed October 16, 2006, kindly amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.